

CITY OF CLAYTON

APPLICATION FOR EVENT PERMIT

Organizations or individuals wishing to apply to hold an event in the City of Clayton must first complete the following application. In addition, you will need to provide event layout. Once completed, please submit the application to the Event Specialist at 50 Gay Avenue, Clayton, MO 63105, no less than 90 days prior to the event. A processing fee of \$25.00 must accompany this application for it to be reviewed. For more information, contact Janet LeMay at 314-802-7763. Additional requirements will be communicated upon event approval.

Location: ☐ Shaw Park ☐ The Center of Clayton

☐ Other (i.e. city streets, parking lots, etc.): _____

Application Date: _____

Name of Event: _____ **Actual Date of Event:** _____

Type of Event: ☐ Run ☐ Walk ☐ Performance ☐ Festival ☐ Block Party

☐ Other (Specify) _____

Reason for Event: _____

Fundraiser: ☐ Yes ☐ No

Will Alcohol be served? ☐ Yes ☐ No

Who will hold alcohol permit? _____

Set-Up No Earlier Than: _____ A.M. or P.M. **Date:** _____

Actual Event Time: _____ A.M. or P.M. (begin) _____ A.M. or P.M. (end) (The time when the event site is completely restored to pre-event conditions.)

Tear-down Completed By: _____ A.M. or P.M. **Date:** _____

(These times are used to estimate City Services and should be accurate at application submittal. Changes to these times will require approval from the City's Event Specialist along with additional fees.)

Starting Location of Event: _____

Ending Location of Event: _____

Estimated number of attendees: _____ Estimated number of vendors: _____

Estimated number of performers: _____ Estimated number of vehicles: _____

Banner: ☐ Yes ☐ No **Location:** ☐ Shaw Park ☐ Oak Knoll ☐ Tennis Center ☐ Other _____

Will you be using any of the following: ☐ Tents ☐ Heating Device ☐ Generator ☐ Grilling/Cooking Devices

If so, please explain _____

Will you want to reserve Parking Meters: ☐ Yes ☐ No

Designated Event Parking Location(s): _____

Name of Organization: _____

Event Organizer (Primary Contact must be an individual that is responsible for the event):

Primary Contact: _____ Primary Phone: _____

Address: _____ Fax: _____

E-mail: _____

Secondary Contact: _____ Secondary Phone: _____

Address: _____

E-mail: _____

City Staff Requested: ☐ Police ☐ Fire ☐ EMS ☐ Parks ☐ Recreation
☐ Center Maintenance ☐ Other _____

Permits: Will you be - • Impacting streets, sidewalks, alleys • Having an open flame or fireworks • Serving food
• Serving alcohol • Having amusement rides • Using portable restroom(s)

If yes to any of these, you will need additional permits. Please contact the Event Specialist at 314-802-7763, for more information. Fees are associated with some permits.

Describe the event and state the purpose or objective of the proposed event (Attach additional sheets as needed):

Will there be any activity in the public right-of-way (i.e. public sidewalks, streets, parking lots, etc.) before, during or after the event? ☐ Yes ☐ No

If you marked yes, a detailed map showing the nature, dimensions and location of the event route or layout and its proximity to the curb, sidewalk, streetlights, street trees and other facilities must be included as part of the submittal for consideration of approval. (Use of County streets (Hanley Road, Big Bend Blvd., Clayton Rd., Shaw Park Dr., & Forest Park Pkwy) requires a permit from St Louis County Highways and Traffic Department (615-5000)).

Describe the event equipment included in layout (tents, tables, chairs, stages, street closures, barrels, trash cans, recycle bins, etc.):

Electricity required: ☐ Yes ☐ No

Do you plan to use amplified sound? ☐ Yes ☐ No

Please detail sound system requirements: _____

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief. ***(Signature is required before approval will be granted.)***

Signature of Person Completing Application

Date

Note: All Signatures are required for Approval

Janet LeMay, Event Specialist

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Department Event Contact: _____

Approval/Denial Conditions: _____

Patty DeForrest, Director of Parks & Recreation

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Department Event Contact: _____

Approval/Denial Conditions: _____

Tom Byrne, Police Chief

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Department Event Contact: _____

Approval/Denial Conditions: _____

Michael Pratt, Director of Public Works

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Department Event Contact: _____

Approval/Denial Conditions: _____

Mark Thorp, Fire Chief

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Department Event Contact: _____

Approval/Denial Conditions: _____

Craig Owens, City Manager

☐ Approved ☐ Denied ☐ Approved with conditions Date Rec'd. _____

Approval/Denial Conditions: _____